

**BUDGET
FORM****2000 AMERICORPS STATE APPLICATION**Program Cycle: 2000-03 2001-04 2001-05 Program Year: 2000-2001
 Original Revised Date of Revision: _____

Please attach Budget Narrative to this page.

Legal Applicant Name: _____

Program Name: _____

BOX 1: AmeriCorps Member Positions Requested		(b) Number of Members with CNS Living Allowance Provided	(c) Number of Members with No CNS Living Allowance Provided (Ed Award Only)	Calculation	(d) Number of FTEs
(a) Hours					
1 Year Full Time	1,700	0	0	=b+c	0
1 Year Part Time	900	0	0	=(b+c)/2	0
1 Year Reduced Part Time (450)	450	0	0	=(b+c)/4	0
Summer Only	300	0	0	=[(b+c)*a]/1700	0
Total FTEs:					0

A. MEMBER SUPPORT COSTS

Living Allowance Type		Number of Members	Corporation Share Funds Requested From Corporation (Max 72%)	Grantee Share Other Federal/State/Local/Private Funds (Min 28%)	Total Total Program Funding 100%
Hours					
1 year	FT	1700	\$0	\$0 =	\$0
1 year	PT	900	\$0	\$0	\$0
1 year	Reduced PT	450	\$0	\$0	\$0
Subtotal		0	\$0	\$0	\$0
FICA Rate:		7.65%	\$0	\$0	\$0
Percentages			#DIV/0! (Maximum 78%)	#DIV/0! (Minimum 22%)	

A.1	Workers Compensation Rate:	\$0	\$0	\$0
	* Healthcare Cost Per Month:			
	Number of Members:	0	\$0	\$0
*** OR ***				
	** ACM Healthcare Policy			
	Number of Members:	0		
	(\$924 per eligible participant):	\$924	\$0	\$0
Percentages			#DIV/0! (Maximum 85%)	#DIV/0! (Maximum 15%)
SUBTOTAL A			\$0	\$0

* For programs with an existing policy that meets minimum benefits (Maximum charge to Corporation is 85% of \$924)

** For programs utilizing the AmeriCorps member Health Care Policy

Note: Except for healthcare, federal funds cannot be used as a match in Section A

B. OTHER MEMBER SUPPORT COSTS

	Corporation Share Funds Requested From Corporation (MAX. 67%)	Grantee Share Other Federal/State/Local/Private Funds (MIN. 33%)	Total Total Program Funding 100%
Training and Education			\$0
Uniforms	\$0		\$0
(please specify in budget narrative) Other			\$0
SUBTOTAL B	\$0	\$0	\$0

C. STAFF

Salaries		=	\$0
Benefits			\$0
Training			\$0
(please specify in budget narrative) Other			\$0
SUBTOTAL C	\$0	\$0	\$0

D. OPERATIONAL

	Corporation Share Funds Requested From Corporation	Grantee Share Other Federal/State/ Local/Private Funds	Total Total Program Funding
Travel		=	\$0
Corporation sponsored Training (At least \$2000 must be budgeted)			\$0
Supplies			\$0
Local Transportation			\$0
(no greater than 10% of A through E) Equipment			\$0
(please specify in budget narrative) Other			\$0
SUBTOTAL D	\$0	\$0	\$0

E. INTERNAL EVALUATION

SUBTOTAL B THROUGH E

\$0 \$0 \$0

F. ADMINISTRATION

To arrive at the Corporation's maximum share of 5.26%, multiply the sum of 'SubTotal A' and Subtotal B through E in the "Corporation Share" column by 5.26% (Program receives .80; Commission receives .20 of Total Admin)

Program	\$0	=	\$0
State Commission	\$0	=	\$0
SUBTOTAL F:	\$0	\$0	\$0
(NOT TO EXCEED 5% OF CORPORATION FUNDS)			

G. TOTAL PROGRAM OPERATING COSTS
(Sections B-F)

\$0 \$0 \$0

#DIV/0! #DIV/0!
(max. 67%) (min. 33%)

H. Total Budget

(A+G) \$0 \$0 \$0

Items below are not part of the grantee budget and should not be included in totals that are transferred to the title page

Corporation Cost per FTE (full-time equivalent position)

Total Corporation Share (Line H) \$0

Divided by Total Number of FTEs (Box 1) 0 = Corporation Cost Per FTE #DIV/0!

	Estimated Number of Children	Estimated Number of Eligible Members	Grantee Share	Total
I. CHILDCARE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Number of Members	Amount per Member	Total
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J. EDUCATION AWARDS

Stipended FT Members 1700 Hours	0	\$4,725	\$0
Stipended PT Members 900 Hours	0	\$2,363	\$0
Stipended PT Members 450 Hours	0	\$1,182	\$0
Stipended Summer Members 300 Hours	0	\$788	\$0
Education Award Only FT Members 1700 Hours	0	\$4,725	\$0
Education Award Only PT Members 900 Hours	0	\$2,363	\$0
Education Award Only PT Members 450 Hours	0	\$1,182	\$0
Ed Award Only Summer Members 300 Hours	0	\$788	\$0
(for renewals* only)Continuing Members)			
	0		

Problems:

Budget:

Section A:

Section B:

Section C:

Section D:

Section E:

Section F:

Comments:

Narrative:

Section A:

Section B:

Section C:

Section D:

Section E:

Section F:

Comments: